

APRIL 1, 2008
ADULT THERAPEUTIC FOSTER HOMES WORKGROUP
MEETING SUMMARY

The workgroup reviewed draft rules R9-20-1501 through R9-20-1510. The following questions and discussion arose regarding these rules:

R9-20-1501(6) - Definition of "Anniversary date"

A workgroup member asked if this time is tolled from the date that the written statement is signed or the date that the statement is received.

The requirements for tuberculosis testing and recordkeeping, including the timelines for updating the tuberculosis test and the documentation of the test are explained in the substantive rules for tuberculosis testing.

The term "behavioral health paraprofessional"

A workgroup member asked why the term "behavioral health paraprofessional" is not included in the rules. Does this mean that paraprofessionals may not be behavioral health adult therapeutic home licensee?

The term "behavioral health paraprofessional" is not used in the rules and therefore not included in the definitions. The skills, knowledge, and qualifications for a behavioral health adult therapeutic home licensee are laid out in R9-20-1502. Any individual who meets the qualifications for licensure may be a behavioral health adult therapeutic home licensee.

R9-20-1507(A)(3) & (4) Administration

A workgroup member mentioned that they had experienced an issue with the acceptability of tuberculosis screening tests obtained from Banner Health. They were told that the tests were insufficient.

Under the draft rules, any test that is recommended by the CDC is acceptable. Additionally, a written statement that the individual is free from infectious pulmonary tuberculosis is acceptable. Further, after initial testing, the documentation of freedom from tuberculosis is tracked according the test date or the date of the written statement and should be transferable from facility to facility.

R9-20-1509(A)(1)(c) Admission

A workgroup member mentioned that providers do not often receive information regarding the history of a potential client and the use of restraint and seclusion with the client over the past two years.

The Department has worked with BHS in drafting these rules and feels that it is critically important that the licensee have an understating of the potential client's propensity for out-of-control behavior before that client is admitted to the behavioral health adult therapeutic home. OBHL is committed to working with BHS and the RBHAs in implementing this requirement.

The workgroup discussed this requirement and seemed to agree that this rule is important. Providers in the workgroup were willing to obtain this information from the treatment team.

R9-20-1509(A)(5) Admission

A workgroup member was concerned about the requirement that the licensee obtain a crisis plan for the client. Clients often do not have a current crisis plan or a crisis plan is not included in the information provided to the licensee by their treatment team.

It is important that the licensee have a clear sense of the potential client's previous crises and history with out-of-control behavior before a client is admitted to the behavioral health adult therapeutic home. Additionally, this information should be clearly identified and organized for the licensee as a "crisis plan." If the client has an outdated "risk plan," that plan should be updated. If crisis information can be found in the treatment plan, the licensee and the treatment team should work together to pull out that information and organize the information into a "crisis plan."

The requirement will be amended to indicate that the "crisis plan" should be "current." The plan should include information about previous crises that is applicable to the client's current mental and physical health. It need not include information that is no longer applicable to this client. The plan should help the licensee deal with currently anticipated crises.

R9-20-1510(4) Behavioral Health Adult Therapeutic Home Care Services

The group discussed the progress note requirements in this section.

Some providers are making progress notes more often than the rule requires. This is acceptable but the minimum standard in the rule will remain at a progress note at least once a week.

There was also concern about the requirement that the time of the progress note be noted. Some in the workgroup felt that this was not necessary. If the time is a significant issue, it usually noted in the progress note. After a brief discussion, the workgroup decided that the time notation requirement should remain so as to prevent confusion as to when time should be noted and when it should not.

The group completed a review of R9-20-1501 through R9-20-1510. The next meeting, on April 29, 2008 will begin with a discussion of R9-20-1511.

A question from Devereux was received at the end of the workgroup meeting. The members from Devereux were seeking clarification as to what entities may serve as the treatment team. The members were concerned that a treatment team could only be organized at the RBHA level.

The draft rules do not require the clinical team to be organized at the RBHA level. The definition of "treatment team" (see below) was drafted to include a clinical team at the provider level or the RBHA. The rule does not specify the organization that houses the clinical team.

R9-20-1501(128) "Treatment team" means a group of individuals, working in collaboration, who direct the assessment and treatment of a client's behavioral health issue and who direct a licensee in the provision of behavioral health adult therapeutic home care services to a client.